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To:

Division of Corporations

Fax Number : (850) 617-6383

11363-2

From:

Account Name ! NORTON, HAMMERSLEY, LOPEZ & SKOKOS, P.A.

Account Number : I20010000202 : (941)954-4691

Fax Number : (941)954-2128

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

Foreign Limited Liability Company ESSEX SQUARE HLD, LLC

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

- 1. The name of the Foreign Limited Liability Company is ESSEX SQUARE HLD, LLC, a Washington limited liability company.
- 2. The date of the company first transacted business will be on the date this Application by Foreign Limited Liability Company is filed with the Florida Department of State.
- 3. The street and mailing addresses of the principal office of the company are 320 Dayton St., Ste. 127, Edmonds, WA 98020.
- 4. The name, title or capacity and address for the person(s) who has/have authority to manage is/are:

BROADVIEW ACQUISITIONS, LLC. 320 Dayton St., Ste. 127 Edmonds, WA 98020

5. Attached is an original certificate of existence, no more than 90 days old, authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable, if the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.).

Broadview Acquisitions, LLC, a Washington limited liability company of Peter Z. Skokos, Authorized representative of Member

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true, (am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.).

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSANT TO THE PROVISIONS OF SECTION 605.0113 OR 605.0902(1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWOING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of Limited Liability Company is ESSEX SQUARE HLD, LLC.
- 2. The name and the Florida street address of the registered agent and office are: PETER Z. SKOKOS, 1819 Main Street, Suite 610, Sarasota, Florida 34236.

Having been named as registered agent and to accept service for process for the above stated limited liability company at the place designed in this certificate, I hereby accept the appointment as the registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

PETER Z. SKOKOS

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Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION OF ESSEX SQUARE HLD, LLC

I FURTHER CERTIFY that the records on file in this office show that the above named Limited Liability Company was formed under the laws of the State of WA and was issued a Certificate Of Formation in Washington on 2/23/2015.

I FURTHER CERTIFY that as of the date of this certificate, ESSEX SQUARE HLD, LLC remains active and has complied with the filing requirements of this office.

Date: February 25, 2015

UBI: 603-480-351

SECURIZED AND SECURIZED AND 26 AND 100 AND 100

Given under my hand and the Seal of the-State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

